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TO: Registration Section Division of Corporations SUBJECT: WOLFGENSMIK Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alexandro Antonio Castro Wolferton, MTA 1400 5W 151 Puls Miliani, FL 7319() F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Me jandes A Castro at 750 | 351 - 2083 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$55,00 Filing F& & \$25,00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Fallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOLFGLASSMIN LL	c			
(Same of the Limited L	iv as it now numers on our jubility Company)	records.)		
The Articles of Organization for this Limited Liability Company florida document number $\frac{117000996014}{1}$.	were filed on	237)e(n	and assig	gned
This amendment is submitted to amend the following:	1			
A. If amending name, enter the new name of the limited liabi	lity company here:			
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	on "LLU" or the r	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our g	records, <u>ente</u>	r the name of	of the new
Name of New Registered Agent:	1		- 1	<u></u>
New Registered Office Address:	Enter Florida stre			· [7]
	Cuy!	, Florida _	Zy (Sur	
New Registered Agent's Signature, if changing Registered Agent:	. 1			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page Lof 3

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Title Name 14466 SW 151" Pak Alejandro Antonio Cairo MGB Man., FL 31196 □ Remove ☐ Change Sonda Sulrian. AMPR Much TL Bills ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ective date, if other than the date of fili effective date is listed, the date must be specific a e: If the date inserted in this block does no ument's effective date on the Department of	and cannot be prior to da at meet the applicable	te of filing or more than statutory filling requir	(optional) 90 days after filing.) Pursua ements, this date will no	unt to 605,020 of be listed a
record specifies a delayed effective he 90th day after the record is filed	e date, but not an d.	n effective time, a	t 12:01 a.m. on th	e earlier c
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Filing Fee: \$25.00